



Substitute Request Form

Employee Name: _____ Date: _____

Employee ID Number: _____ Email Address: _____

Employee Role: _____ Pay Band: _____

Working Title: _____ Current District/Region: _____

Division/Facility/Residency: _____ Section/Area HQ: _____

Implementation of the Blueprint will mean organizational changes to many functions of VDOT. The Department is beginning a process to identify if employees are interested in being considered as a substitution for affected employees.

By submitting this form you are agreeing that you are requesting consideration for substitution.

Are you interested in being considered to substitute for another VDOT employee who has been identified for layoff? ☐ Yes If yes, and sign/date/submit this form ☐ No (If no, stop here)

Employee Certification:

My signature below is an indication of my understanding of the following:

- Submission of this form is not a guarantee that I will be able to substitute for another employee who will be laid off.
- If I am selected to substitute for someone else being laid-off, my last workday will be determined by the agency. I will receive notification of that date, if I am approved to substitute.
- The Department of Human Resources Management (DHRM) policy 1.57, Severance Benefits, explains eligibility for and value of severance benefits.
- To revoke this expression of interest I must key my withdrawal into the Blueprint Transition system by the deadline published.
- The deadline to withdraw my submission is one week following the deadline to apply.
- This expression of interest will become void if my position is identified for elimination.
- Any work visa I have through VDOT could be impacted and I could lose my eligibility to remain in the United States if my application is approved.
- Any learning partnership agreements I entered into become null and void upon my scheduled separation, if I am approved as a substitute. I may retain any funds paid to me prior to my date of separation.
- If I am laid off, my responsibilities for repayment under a tenure agreement will be waived upon my layoff date.
- I will remain responsible for repaying any debts I owe to the Commonwealth (e.g., salary overpayment, leave overpayment) even if I am laid off.
- If I leave the agency voluntarily before an affected employee is scheduled to assume my current position, any written agreements will be enforced.
- Any approval to substitute I receive will be withdrawn if the affected employee scheduled to assume my position becomes unavailable to do so, due to voluntary or involuntary separation before the reassignment is to become effective.

My signature following certifies understanding of all of the provisions discussed in this section regarding substituting for another employee who has been identified for layoff.

Employee Signature:

Date:

Please return this form to your local Human Resources Office by **January 22, 2010, at 5:00 p.m.**

Revocation Period: To revoke your request to substitute, you must submit a new Substitute Request Form to your local Human Resources Office by January 29, 2010, at 5:00 p.m.

Keyed by: _____
Signature)

Date